

**Fee is \$33**For Dept Use Only  
Date: \_\_\_\_\_Filing Fee: \_\_\_\_\_  
License Fee: \_\_\_\_\_

**STATE OF CONNECTICUT INSURANCE DEPARTMENT**  
**Application for**  
**BUSINESS ENTITY VIATICAL SETTLEMENT INVESTMENT AGENT LICENSE**  
**Make check in the amount of \$33 payable to: "Treasurer, State of Connecticut"**

(Please Print or Type)

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ Tax ID# -	
④		⑤ State of Domicile		⑥ Country of Domicile	
⑦ N/A		⑧ N/A			
⑨ Business Address		⑩ City		⑪ State	⑫ Zip
⑬ Phone Number ( ) -		⑭ Fax Number ( ) -		⑮ Business Web Site Address	
⑯ Business E-Mail Address		⑰ Mailing Address		⑱ P.O. Box	⑲ City
⑳ State		㉑ Zip			

**Viatical Settlement Provider Information**

**Attach a listing of all Viatical Settlement Providers you will be conducting business with. The list must include:**

**Name of Provider**

**Address**

**Telephone Number**

**Background Information**

**Please read the following very carefully and answer every question:**

A. Does the applicant and/or any of its owners, partners, officer, directors, or other designated responsible persons now hold or have they ever held an insurance, securities or Viatical Settlement License in Connecticut or any other state? Yes \_\_\_\_ No \_\_\_\_

IF YES, list the state and type of license: \_\_\_\_\_

B. Has any disciplinary action, including, but not limited to, refusal, suspension, or revocation of an insurance license, ever been taken by any regulatory agency in Connecticut, or any other state, against applicant and/or any of its owners, partners, officer, directors, or other designated responsible persons, or is there any such action now pending? Yes \_\_\_\_ No \_\_\_\_

IF YES, provide a full explanation on a separate sheet of paper (include documentation)

Yes \_\_\_\_ No \_\_\_\_

C. Have any of the applicant's owners, partners, officer, directors, or other designated responsible persons ever been convicted of, or pled nolo contendere (no contest) to, a felony?

IF YES, attach a separate sheet of paper giving date, name and address of Court, charge and outcome. For criminal convictions, attach an explanation and copy of all charges and Final Disposition from the Court, along with evidence of the degree of rehabilitation.

D. Identify all persons acting as a Viatical Settlement Investment Agent on behalf of Applicant Business Entity, including Connecticut-licensed Producers.

Full Name (Last, First, MI)	Title	SSN	Connecticut License Number

#### Applicants Certification and Attestation

**26** The undersigned owner, partner, officer or director of the applicant business entity\* hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner of Insurance, in Connecticut, to be my agent for service of process regarding all insurance matters; and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
3. I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I authorize the Connecticut Insurance Department to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization, and I release the Connecticut Insurance Department and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

**The undersigned duly authorized representative being first duly sworn deposes and says that (s)he has executed and read this application, that to the best of her/his knowledge and belief the statements made in this application, and in any attachment, are true and correct, and that (s)he has read and understands the insurance laws of the State of Connecticut. The undersigned further agrees that they will abide by the laws and regulations governing Viatical Settlements.**

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**COMMISSION EXPIRES**

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
\*Original Signature of Affiant

(SEAL)

\_\_\_\_\_  
Full Legal Name of Affiant (Printed or Typed)

#### Attachments

1. "Plan of Operation" including method of marketing techniques and steps taken to ensure Viator's privacy.
2. **Nonresidents:** Certificate of Good Standing from state of domicile dated within **90 days** of application and Certificate of Good Standing from Connecticut Secretary of the State dated not more than **15 days** before or after the date of filing.

**RETURN TO:  
Insurance Department - Licensing  
PO Box 816  
Hartford, CT 06142-0816**